

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**NORTHERN DISTRICT OF ILLINOIS**

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

**12/15**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Daniel**

First Name

Middle Name

**Tiberi**

Last Name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx - xx - 6 3 9 4**

OR

**9xx - xx - \_\_\_\_\_**

**xxx - xx - \_\_\_\_\_**

OR

**9xx - xx - \_\_\_\_\_**

|  |                                     |
|--|-------------------------------------|
| <p><b>Debtor 1</b></p> <p>First Name <u>Daniel</u></p> <p>Middle Name <u>Tiberi</u></p> <p>Last Name</p>   | <p>Case number (if known) _____</p> |
| <b>About Debtor 1:</b>   |                                     |
| <p><b>4.</b> Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p>Include trade names and doing business as names</p> |                                     |
| <p><input checked="" type="checkbox"/> I have not used any business names or EINs. <input type="checkbox"/> I have not used any business names or EINs.</p>            |                                     |
| <p>Business name _____</p>   |                                     |
| <p>Business name _____</p>   |                                     |
| <p>Business name _____</p>   |                                     |
| <p>EIN — - - - -</p>   |                                     |
| <p>EIN — - - - -</p>   |                                     |
| <p>EIN — - - - -</p>   |                                     |
| <b>About Debtor 2 (Spouse Only in a Joint Case):</b>   |                                     |
| <p>Business name _____</p>   |                                     |
| <p>Business name _____</p>   |                                     |
| <p>Business name _____</p>   |                                     |
| <p>EIN — - - - -</p>   |                                     |
| <p>EIN — - - - -</p>   |                                     |
| <p>EIN — - - - -</p>   |                                     |
| <b>If Debtor 2 lives at a different address:</b>   |                                     |
| <p><b>408 Wentworth</b></p> <p>Number Street _____</p> <p>_____</p> <p>_____</p>   |                                     |
| <p>Number Street _____</p> <p>_____</p> <p>_____</p>   |                                     |
| <p><b>Cary IL 60013</b></p> <p>City State ZIP Code _____</p>   |                                     |
| <p>City State ZIP Code _____</p>   |                                     |
| <p><b>McHenry</b></p> <p>County _____</p>  |                                     |
| <p>County _____</p>  |                                     |
| <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p>             |                                     |
| <p>Number Street _____</p>   |                                     |
| <p>P.O. Box _____</p>  |                                     |
| <p>City State ZIP Code _____</p>   |                                     |
| <p>City State ZIP Code _____</p>   |                                     |
| <b>Check one:</b>  |                                     |
| <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p>        |                                     |
| <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>  |                                     |
| <p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p>                   |                                     |
| <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>  |                                     |

## Part 2: Tell the Court About Your Bankruptcy Case

|  |   |
|--|---|
| <p><b>7.</b> The chapter of the Bankruptcy Code you are choosing to file under</p> | <p><b>Check one:</b> (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input checked="" type="checkbox"/> Chapter 13</p> |
|--|---|

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

8. How you will pay the fee

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No  
 Yes.

District Rockford Chapter 7 When 10/13/2009 Case number 09-74666  
MM / DD / YYYY

District Rockford Chapter 7 When 10/07/2016 Case number 15-81142  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

11. Do you rent your residence?

- No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Daniel Tiberi** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

- 12. Are you a sole proprietor of any full- or part-time business?**
- No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

City State ZIP Code

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

- No  
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property? Number Street

City State ZIP Code

|          |               |               |                              |
|----------|---------------|---------------|------------------------------|
| Debtor 1 | <b>Daniel</b> | <b>Tiberi</b> | Case number (if known) _____ |
|          | First Name    | Middle Name   | Last Name                    |

### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

|   |   |  |
|---|---|--|
| <p><b>15. Tell the court whether you have received briefing about credit counseling.</b></p> <p>The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.</p> <p>If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.</p> | <p><b>About Debtor 1:</b><br/><i>You must check one:</i></p> <p><input checked="" type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.</p> <p>Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.</p> <p>Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.</p> <p>To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.</p> <p>If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.</p> <p>Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Incapacity.</b> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.</li> <li><input type="checkbox"/> <b>Disability.</b> My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.</li> <li><input type="checkbox"/> <b>Active duty.</b> I am currently on active military duty in a military combat zone.</li> </ul> <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p> | <p><b>About Debtor 2 (Spouse Only in a Joint Case):</b><br/><i>You must check one:</i></p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.</p> <p>Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.</p> <p>Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.</p> <p>To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.</p> <p>If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.</p> <p>Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Incapacity.</b> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.</li> <li><input type="checkbox"/> <b>Disability.</b> My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.</li> <li><input type="checkbox"/> <b>Active duty.</b> I am currently on active military duty in a military combat zone.</li> </ul> <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p> |
|---|---|--|

Debtor 1 **Daniel** **Tiberi** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  
 No. Go to line 16b.  
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  
 No. Go to line 16c.  
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- 
17. Are you filing under Chapter 7?
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- No. I am not filing under Chapter 7. Go to line 18.  
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes
18. How many creditors do you estimate that you owe?
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
19. How much do you estimate your assets to be worth?
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
20. How much do you estimate your liabilities to be?
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Daniel Tiberi \_\_\_\_\_ **X** \_\_\_\_\_  
Daniel Tiberi, Debtor 1 Signature of Debtor 2

Executed on 10/11/2016  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**For your attorney, if you are represented by one** I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

X /s/ Robert J. Adams & Associates Date 10/11/2016  
Signature of Attorney for Debtor MM / DD / YYYY

**Robert J. Adams & Associates**

Printed name

**Robert J. Adams & Associates**

Firm Name

**901 W. Jackson, Suite 202**

Number Street

**Chicago**

City

**IL**

State

**60603**

ZIP Code

Contact phone (312) 346-0100 Email address bankruptcy713@yahoo.com

**0013056**

Bar number

State \_\_\_\_\_

Fill in this information to identify your case and this filing:

|  |            |             |           |
|--|------------|-------------|-----------|
| Debtor 1   | First Name | Middle Name | Last Name |
| Daniel   |            |             | Tiberi    |
| Debtor 2<br>(Spouse, if filing)  | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |            |             |           |
| Case number<br>(if known)  |            |             |           |

Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... → \$0.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1.

Make: Honda  
Model: Odyssey-V6  
Year: 2009  
Approximate mileage: 80,000

Other information:  
**2009 Honda Odyssey-V6 Wagon 5D Touring Elite**

**Who has an interest in the property?**

Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

\$16,000.00      \$16,000.00

Check if this is community property  
(see instructions)

3.2.

Make: Jeep  
Model: Liberty  
Year: 2008  
Approximate mileage: 80,000

Other information:  
**2008 Jeep, 80,000 Miles**

**Who has an interest in the property?**

Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

\$4,200.00      \$4,200.00

Check if this is community property  
(see instructions)

|   |                      |  |  |
|---|----------------------|--|--|
| Debtor 1  | <b>Daniel</b>        | <b>Tiberi</b>  | Case number (if known) _____   |
|   | First Name           | Middle Name  | Last Name  |
| 3.3.  |                      | <b>Who has an interest in the property?</b>  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |
| Make:   | <b>Mercedez-Benz</b> | Check one.   |  |
| Model:  | <b>C240</b>          | <input type="checkbox"/> Debtor 1 only   |  |
| Year:   | <b>2004</b>          | <input type="checkbox"/> Debtor 2 only   | <b>Current value of the entire property?</b>   |
| Approximate mileage:  | <b>215,000</b>       | <input type="checkbox"/> Debtor 1 and Debtor 2 only                                | <b>Current value of the portion you own?</b>   |
| Other information:<br><b>2004 Mercedez-Benz, C240, 215,000 miles Half owner with wife</b>   |                      | <input checked="" type="checkbox"/> At least one of the debtors and another        | <b>\$500.00</b>  |
|   |                      | <input type="checkbox"/> Check if this is community property<br>(see instructions) | <b>\$500.00</b>  |
| 3.4.  |                      | <b>Who has an interest in the property?</b>  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |
| Make:   | <b>Mercedez-Benz</b> | Check one.   |  |
| Model:  | <b>C250</b>          | <input checked="" type="checkbox"/> Debtor 1 only                                  | <b>Current value of the entire property?</b>   |
| Year:   | <b>2013</b>          | <input type="checkbox"/> Debtor 2 only   | <b>Current value of the portion you own?</b>   |
| Approximate mileage:  | <b>30,000</b>        | <input type="checkbox"/> Debtor 1 and Debtor 2 only                                |  |
| Other information:<br><b>2013 Mercedez-Benz C250 (approx. 30000 miles), gift from Father in March 2016</b>  |                      | <input type="checkbox"/> At least one of the debtors and another                   | <b>\$24,000.00</b>   |
|   |                      | <input type="checkbox"/> Check if this is community property<br>(see instructions) | <b>\$24,000.00</b>   |
| 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories<br>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |                      |  |  |
| <input checked="" type="checkbox"/> No  |                      |  |  |
| <input type="checkbox"/> Yes  |                      |  |  |
| 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....   |                      | <b>→ \$44,700.00</b>   |  |

### Part 3: Describe Your Personal and Household Items

|   |  |  |
|---|--|--|
| Do you own or have any legal or equitable interest in any of the following items?   |  | <b>Current value of the portion you own?</b> |
| 6. Household goods and furnishings<br>Examples: Major appliances, furniture, linens, china, kitchenware   |  | Do not deduct secured claims or exemptions.  |
| <input type="checkbox"/> No   |  |  |
| <input checked="" type="checkbox"/> Yes. Describe..... <b>6 room of furnishings, and household goods</b>  |  | <b>\$1,200.00</b>                            |
| 7. Electronics<br>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games        |  |  |
| <input type="checkbox"/> No   |  |  |
| <input checked="" type="checkbox"/> Yes. Describe..... <b>electronics (3 TV;s), computer, some appliances,</b>  |  | <b>\$1,000.00</b>                            |
| 8. Collectibles of value<br>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles |  |  |
| <input checked="" type="checkbox"/> No  |  |  |
| <input type="checkbox"/> Yes. Describe.....   |  |  |
| 9. Equipment for sports and hobbies<br>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments                      |  |  |
| <input checked="" type="checkbox"/> No  |  |  |
| <input type="checkbox"/> Yes. Describe.....   |  |  |

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- No  
 Yes. Describe.....

\_\_\_\_\_

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No  
 Yes. Describe..... **Necessary wearing apparel**

**\$200.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No  
 Yes. Describe.....

\_\_\_\_\_

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

- No  
 Yes. Describe.....

\_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- No  
 Yes. Give specific information.....

\_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here..... →**

**\$2,400.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes..... Cash: ..... **\$100.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes..... Institution name:

17.1. Checking account: **Bank of American checking account** **\$5.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes..... Institution or issuer name:

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them \_\_\_\_\_

Debtor 1 Daniel  
 First Name Tiberi  
 Middle Name   
 Last Name

Case number (if known) \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....
- |          |               |
|----------|---------------|
| Federal: | <u>\$0.00</u> |
| State:   | <u>\$0.00</u> |
| Local:   | <u>\$0.00</u> |

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information
- |                      |               |
|----------------------|---------------|
| Alimony:             | <u>\$0.00</u> |
| Maintenance:         | <u>\$0.00</u> |
| Support:             | <u>\$0.00</u> |
| Divorce settlement:  | <u>\$0.00</u> |
| Property settlement: | <u>\$0.00</u> |

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No  
 Yes. Name the insurance company of each policy and list its value..... Company name: \_\_\_\_\_
- |                            |         |
|----------------------------|---------|
| Beneficiary:               | <u></u> |
| Surrender or refund value: | <u></u> |

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- No  
 Yes. Give specific information

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$105.00**

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.  
 Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- No  
 Yes. Describe..

\_\_\_\_\_

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No  
 Yes. Describe..

\_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No  
 Yes. Describe..

\_\_\_\_\_

41. Inventory

- No  
 Yes. Describe..

\_\_\_\_\_

42. Interests in partnerships or joint ventures

- No  
 Yes. Describe..... Name of entity: % of ownership:

43. Customer lists, mailing lists, or other compilations

- No  
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
 No  
 Yes. Describe.....

\_\_\_\_\_

44. Any business-related property you did not already list

- No  
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here. → \$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.  
 Yes. Go to line 47.

Debtor 1 Daniel \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- No  
 Yes....

\_\_\_\_\_

**48. Crops--either growing or harvested**

- No  
 Yes. Give specific information.....

\_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- No  
 Yes....

\_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

- No  
 Yes....

\_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

- No  
 Yes. Give specific information.....

\_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →**

**\$0.00**



**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples:* Season tickets, country club membership

- No  
 Yes. Give specific information.

**54. Add the dollar value of all of your entries from Part 7. Write that number here..... →**

**\$0.00**



Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 8: List the Totals of Each Part of this Form**

|   |             |  |
|---|-------------|--|
| 55. Part 1: Total real estate, line 2.....                            | →           | \$0.00                                       |
| 56. Part 2: Total vehicles, line 5                                    |             | \$44,700.00                                  |
| 57. Part 3: Total personal and household items, line 15               |             | \$2,400.00                                   |
| 58. Part 4: Total financial assets, line 36                           |             | \$105.00                                     |
| 59. Part 5: Total business-related property, line 45                  |             | \$0.00                                       |
| 60. Part 6: Total farm- and fishing-related property, line 52         |             | \$0.00                                       |
| 61. Part 7: Total other property not listed, line 54                  | + \$0.00    |  |
| 62. Total personal property. Add lines 56 through 61.....             | \$47,205.00 | Copy personal property total → + \$47,205.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62..... |             | \$47,205.00                                  |

**Fill in this information to identify your case:**

|  |            |             |           |
|--|------------|-------------|-----------|
| Debtor 1   | First Name | Middle Name | Last Name |
| Daniel   |            |             | Tiberi    |
| Debtor 2<br>(Spouse, if filing)  | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |            |             |           |
| Case number<br>(if known)  |            |             |           |

Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

**04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|------------------------------------|
|--|--------------------------------------|-----------------------------------|------------------------------------|

|  |   |  |
|--|---|--|
|  | Copy the value from <i>Schedule A/B</i> | <i>Check only one box for each exemption</i> |
|--|---|--|

Brief description: \$500.00  \$500.00 **735 ILCS 5/12-1001(b)**

**2004 Mercedez-Benz C240 (approx. 215000 miles)**  
**2004 Mercedez-Benz, C240, 215,000 miles**  
Half owner with wife

Line from *Schedule A/B*: 3.3

100% of fair market value, up to any applicable statutory limit

Brief description: \$24,000.00  \$3,500.00 **735 ILCS 5/12-1001(b)**

**2013 Mercedez-Benz C250 (approx. 30000 miles), gift from Father in March 2016 (1st exemption claimed for this asset)**

Line from *Schedule A/B*: 3.4

100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Daniel Middle Name Tiberi Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property   | Current value of<br>the portion you<br>own | Amount of the<br>exemption you claim   | Specific laws that allow exemption               |
|---|--|--|--|
|   |  | Copy the value from<br><i>Schedule A/B</i>   | <i>Check only one box for<br/>each exemption</i> |
| Brief description:<br><b>2013 Mercedez-Benz C250 (approx. 30000<br/>miles), gift from Father in March 2016<br/>(2nd exemption claimed for this asset)</b><br>Line from <i>Schedule A/B</i> : <u>3.4</u> | <u>\$24,000.00</u>                         | <input checked="" type="checkbox"/> <u>\$2,400.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>735 ILCS 5/12-1001(c)</b>                     |
| Brief description:<br><b>6 room of furnishings, and household<br/>goods</b><br>Line from <i>Schedule A/B</i> : <u>6</u>   | <u>\$1,200.00</u>                          | <input checked="" type="checkbox"/> <u>\$0.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | <b>735 ILCS 5/12-1001(b)</b>                     |
| Brief description:<br><b>electronics (3 TV;s), computer, some<br/>appliances,</b><br>Line from <i>Schedule A/B</i> : <u>7</u>   | <u>\$1,000.00</u>                          | <input checked="" type="checkbox"/> <u>\$0.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | <b>735 ILCS 5/12-1001(b)</b>                     |
| Brief description:<br><b>Necessary wearing apparel</b><br>Line from <i>Schedule A/B</i> : <u>11</u>   | <u>\$200.00</u>                            | <input checked="" type="checkbox"/> <u>\$200.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>735 ILCS 5/12-1001(a), (e)</b>                |
| Brief description:<br><b>Cash</b><br>Line from <i>Schedule A/B</i> : <u>16</u>  | <u>\$100.00</u>                            | <input checked="" type="checkbox"/> <u>\$0.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | <b>735 ILCS 5/12-1001(b)</b>                     |
| Brief description:<br><b>Bank of American checking account</b><br>Line from <i>Schedule A/B</i> : <u>17.1</u>   | <u>\$5.00</u>                              | <input checked="" type="checkbox"/> <u>\$0.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | <b>735 ILCS 5/12-1001(b)</b>                     |

**Fill in this information to identify your case:**

|  |            |             |           |
|--|------------|-------------|-----------|
| Debtor 1   | First Name | Middle Name | Last Name |
| Daniel   |            |             | Tiberi    |
| Debtor 2<br>(Spouse, if filing)  | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |            |             |           |
| Case number<br>(if known)  |            |             |           |

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|---|--|--|
|   | \$16,000.00  | \$16,000.00                                |

2.1 **Describe the property that secures the claim:**  
**Wells Fargo Bk Dept.** **2009 Honda Odyssey-V6**  
Creditor's name **13675 Technology Dr., Bldg. C, 2nd F** Wagon 5D Touring Elite  
Number Street

**Eden Prairie MN 55344-2252**  
City State ZIP Code

**Who owes the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

- Check if this claim relates to a community debt**

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number **0 0 5 1**

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

**Auto Loan**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$16,000.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$16,000.00**

**Fill in this information to identify your case:**

|  |            |             |           |
|--|------------|-------------|-----------|
| Debtor 1   | First Name | Middle Name | Last Name |
|  | Daniel     |             | Tiberi    |
| Debtor 2<br>(Spouse, if filing)  | First Name | Middle Name | Last Name |
|  |            |             |           |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |            |             |           |
| Case number<br>(if known)  |            |             |           |

Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
| \$3,600.00  | \$3,600.00      | \$0.00             |

2.1

Robert J. Adams

Priority Creditor's Name

901 W. Jackson, Suite 202

Number Street

Last 4 digits of account number

When was the debt incurred? 04/25/2015

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

City Chicago State IL ZIP Code 60603

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify Attorney fees for this case

Debtor 1 Daniel Middle Name Tiberi Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**4.1** **\$32.00**

**ACL Laboratories**  
 Nonpriority Creditor's Name  
**P.O BOX 27901**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Wst Allis** **WI** **53227**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Medical Debt**

Is the claim subject to offset?

- No  
 Yes

**\$208.00**

**Advocate Home Care Products, Inc.**  
 Nonpriority Creditor's Name  
**28511 Network Place**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Chicago** **IL** **60673-1285**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Medical**

Is the claim subject to offset?

- No  
 Yes

Debtor 1 **Daniel** Middle Name **Tiberi** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$204.00

**AMERICAN PROFIT RECOVERY**

Nonpriority Creditor's Name

**34405 W 12 MILE RD**

Number Street

**SUITE 379**

**FARMINGTON HILLS MI 48331**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Debt**

4.4

\$900.00

**Capital One**

Nonpriority Creditor's Name

**15000 Capital One**

Number Street

**Richmond VA 23238**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.5

\$406.00

**CARY SCHOOL DISTRICT**

Nonpriority Creditor's Name

**2115 Crystal Lake Road**

Number Street

**CARY IL 60013**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **FEES**

Debtor 1 **Daniel** Middle Name **Tiberi** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**4.6** **\$183.00**

**CENTEGRA PHYSICIAN CARE**

Nonpriority Creditor's Name

**13707 W JACKSON ST**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**WOODSTOCK IL 60098**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Debt**

**4.7** **\$776.00**

**COMCAST**

Nonpriority Creditor's Name

**155 Industrial Lane**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Elmhurst IL 60126**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **UTILITY**

**4.8** **\$749.00**

**ComEd**

Nonpriority Creditor's Name

**Customer Care Center**

Number Street

**P.O.Box 87522**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Chicago IL 60680**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Utility Service**

Debtor 1 **Daniel** Middle Name **Tiberi** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.9** **\$500.00**

**DR. DEVANG**  
 Nonpriority Creditor's Name  
**14855 S Van Dyke Rd Unit 294**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**PLAINFIELD IL 60544**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**\$359.00**

**DS WATERS OF AMERICA**  
 Nonpriority Creditor's Name  
**949 E High St, Mundelein**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**MUNDELEIN IL 60060**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**OTHER**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**\$852.00**

**EDWARDS HEALTHCARE**  
 Nonpriority Creditor's Name  
**1247 Rickert Dr # 201**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**NAPERVILLE IL 60540**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Daniel** Middle Name **Tiberi** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.12**

**\$70.00**

**Elk Grove Radiology, S.C.**  
 Nonpriority Creditor's Name  
**75 Remittance Dr., Ste. 6500**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Chicago IL 60675**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

**4.13**

**\$136.00**

**Emergency Physicians Management Services**  
 Nonpriority Creditor's Name  
**PO Box 366**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Hinsdale IL 60522**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

**4.14**

**\$300.00**

**Good Shepard Hospital**  
 Nonpriority Creditor's Name  
**PO Box 70014**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Chicago IL 60673**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

Debtor 1 **Daniel** Middle Name **Tiberi** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.15

**\$400.00**

**MCDONOUGH DISTRICT HOSPITAL**

Nonpriority Creditor's Name

**1247 Rickert Dr # 201**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **MACOMB** State **IL** ZIP Code **61455**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

4.16

**\$800.00**

**NCH MEDICAL GROUP**

Nonpriority Creditor's Name

**25228 NETWORK PLACE**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **CHICAGO** State **IL** ZIP Code **60673**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

4.17

**\$262.00**

**Northwest Community Hospital**

Nonpriority Creditor's Name

**P.O.Box 95698**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **CHICAGO** State **IL** ZIP Code **60694**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

Debtor 1 Daniel Middle Name Tiberi Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

\$1,305.00

**Northwest Community Physicians Associate**

Nonpriority Creditor's Name

520 E. 22nd St.

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City Lombard State IL ZIP Code 60148

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

4.19

\$170.00

**NORTHWEST HEART SPECIALISTS**

Nonpriority Creditor's Name

1632 Central Rd

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City ARLINGTON HEIGHTS State IL ZIP Code 60005

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

4.20

\$670.00

**NORTHWEST PULMONARY AND SLEEP**

Nonpriority Creditor's Name

Po box 859

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City CRYSTAL LAKE State IL ZIP Code 60039

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

Debtor 1 **Daniel** **Tiberi** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

## Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.21**

**\$39.00**

**Northwest Radiology Assoc**

Nonpriority Creditor's Name

**520 East 22nd Street**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Lombard IL 60148**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

**4.22**

**\$425.00**

**Progressive Insurance Company**

Nonpriority Creditor's Name

**Dept 0561**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Carol Stream IL 60132**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Other**

**4.23**

**\$1,305.00**

**Sprint**

Nonpriority Creditor's Name

**P.O. Box 4191**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**CAROL STREAM IL 60197**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **CELL PHONE**

Debtor 1 Daniel Middle Name Tiberi Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

## Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**4.24**

**\$91.00**

**Suburban Anesthesiologists, SC**  
 Nonpriority Creditor's Name  
30398 PO Box 66973  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Chicago IL 60666**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

Is the claim subject to offset?

- No
- Yes

**4.25**

**\$600.00**

**WELLINGTON RADIOLOGY GROUP SC**  
 Nonpriority Creditor's Name  
39006 TREASURY CTR  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**CHICAGO IL 60694**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical Debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 Daniel Middle Name Tiberi Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Armor Systems Co.**

Name 1700 Kiefer Dr., Ste. 1  
 Number Street  
COLLECTING FOR -DR  
DEVANG

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

City Zion State IL ZIP Code 60099

Last 4 digits of account number \_\_\_\_\_

**Collection Bureau Of America**

Name PO Box 5013  
 Number Street  
COLLECTING FOR -DS  
WATERS OF AMERICA

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

City Hayward State CA ZIP Code 94540

Last 4 digits of account number \_\_\_\_\_

**Commonwealth Edison**

Name Bill Payment Center  
 Number Street  
CONTRACT CALLERS

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

City Chicago State IL ZIP Code 60668-0001

Last 4 digits of account number \_\_\_\_\_

**CONTRACT CALLERS**

Name 501 GREEN ST 3RD FLOOR SUITE 302  
 Number Street  
COLLECTING FOR -COM ED

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

City AUGUSTA State GA ZIP Code 30901

Last 4 digits of account number \_\_\_\_\_

**CONVERGENT OUTSOURCING**

Name 800 SW 39TH ST  
 Number Street  
COLLECTING FOR -  
COMCAST

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

City RENTON State WA ZIP Code 98057

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Daniel Tiberi** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Credit Collection Services** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **Two Wells Ave**  
Number Street  
\_\_\_\_\_  
**Collecting For - PROGRESSIVE**  
Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Newton Center MA 02459** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

**Creditors Discount & Aduit Co.** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **415 E. Main St.**  
Number Street  
\_\_\_\_\_  
**Collecting for - WELLINGTON**  
Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Streator IL 61364** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

**HARRIS & HARRIS** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **111 WEST JACKSON BLVD SUITE 400**  
Number Street  
\_\_\_\_\_  
**Collecting for -GOOD SHEP HOSPITAL**  
Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**CHICAGO IL 60604** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

**HARRIS & HARRIS** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **111 WEST JACKSON BLVD SUITE 400**  
Number Street  
\_\_\_\_\_  
**Collecting for -NCH**  
Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**CHICAGO IL 60604** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

**Medical Business Bureau** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **140 Renaissance Drive, Ste. 400**  
Number Street  
\_\_\_\_\_  
**Collecting for - SUBURBAN**  
Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Park Ridge IL 60068** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

**MEDICAL BUSINESS BUREAU** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **1460 RENAISSANCE DRIVE**  
Number Street  
\_\_\_\_\_  
**Collecting for - EMERGENCY**  
Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**PARK RIDGE IL 60068** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

Debtor 1 Daniel Middle Name Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Northwest Collectors Inc.** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_  
**3601 Algonquin Rd. Ste. 500** Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
Number Street  
\_\_\_\_\_  
**Collecting for -CARY**  Part 2: Creditors with Nonpriority Unsecured Claims  
**SCHOOL DIDTRICT**  
**Rolling Meadows** Last 4 digits of account number \_\_\_\_\_  
City **IL** State **60008-3146** ZIP Code

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|   | Total claim             |
|---|-------------------------|
| Total claims from Part 1  |                         |
| 6a. Domestic support obligations  | 6a. <u>\$0.00</u>       |
| 6b. Taxes and certain other debts you owe the government                    | 6b. <u>\$0.00</u>       |
| 6c. Claims for death or personal injury while you were intoxicated          | 6c. <u>\$0.00</u>       |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$3,600.00</u> |
| 6e. Total. Add lines 6a through 6d.   | <u>\$3,600.00</u>       |

|   | Total claim              |
|---|--------------------------|
| Total claims from Part 2  |                          |
| 6f. Student loans   | 6f. <u>\$0.00</u>        |
| 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u>        |
| 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. <u>\$0.00</u>        |
| 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + <u>\$11,742.00</u> |
| 6j. Total. Add lines 6f through 6i.   | <u>\$11,742.00</u>       |

**Fill in this information to identify your case:**

|  |                             |                              |           |
|--|-----------------------------|------------------------------|-----------|
| Debtor 1   | <u>Daniel</u><br>First Name | <u>Tiberi</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | First Name                  | Middle Name                  | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                             |                              |           |
| Case number<br>(if known)  |                             |                              |           |

Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

**Person or company with whom you have the contract or lease**

**State what the contract or lease is for**

**Fill in this information to identify your case:**

|  |                             |                              |           |
|--|-----------------------------|------------------------------|-----------|
| Debtor 1   | <u>Daniel</u><br>First Name | <u>Tiberi</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | First Name                  | Middle Name                  | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                             |                              |           |
| Case number<br>(if known)  |                             |                              |           |

Check if this is an amended filing

**Official Form 106H**

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

|     |                                       |
|-----|---------------------------------------|
| 3.1 | <u>Desiree Tiberi</u><br>Name         |
|     | <u>408 Wentworth</u><br>Number Street |
|     | <u>Cary</u><br>City                   |
|     | <u>IL</u><br>State                    |
|     | <u>60013</u><br>ZIP Code              |

Schedule D, line 2.1

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**Wells Fargo Bk Dept.**



| Debtor 1   | <b>Daniel</b> | <b>Tiberi</b> | Case number (if known) |  |
|--|---------------|---------------|------------------------|--|
|  | First Name    | Middle Name   | Last Name              |  |
|  |               |               |                        |  |
|  |               |               | <b>For Debtor 1</b>    | <b>For Debtor 2 or non-filing spouse</b> |
| <b>Copy line 4 here .....</b>  |               | → 4.          | <b>\$7,633.25</b>      | <b>\$0.00</b>                            |
| <b>5. List all payroll deductions:</b>   |               |               |                        |  |
| 5a. Tax, Medicare, and Social Security deductions  |               | 5a.           | <b>\$939.29</b>        | <b>\$0.00</b>                            |
| 5b. Mandatory contributions for retirement plans   |               | 5b.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 5c. Voluntary contributions for retirement plans   |               | 5c.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 5d. Required repayments of retirement fund loans   |               | 5d.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 5e. Insurance  |               | 5e.           | <b>\$190.62</b>        | <b>\$0.00</b>                            |
| 5f. Domestic support obligations   |               | 5f.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 5g. Union dues   |               | 5g.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 5h. Other deductions.<br>Specify:  |               | 5h. +         | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   |               | 6.            | <b>\$1,129.91</b>      | <b>\$0.00</b>                            |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  |               | 7.            | <b>\$6,503.34</b>      | <b>\$0.00</b>                            |
| <b>8. List all other income regularly received:</b>  |               |               |                        |  |
| 8a. Net income from rental property and from operating a business, profession, or farm<br><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                  |               | 8a.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8b. Interest and dividends   |               | 8b.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |               | 8c.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8d. Unemployment compensation  |               | 8d.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8e. Social Security  |               | 8e.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8f. Other government assistance that you regularly receive<br><br>Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: |               | 8f.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8g. Pension or retirement income   |               | 8g.           | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| 8h. Other monthly income.<br>Specify:  |               | 8h. +         | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| <b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   |               | 9.            | <b>\$0.00</b>          | <b>\$0.00</b>                            |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |               | 10.           | <b>\$6,503.34</b>      | <b>+ \$0.00 = \$6,503.34</b>             |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  |               |               |                        |  |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  |               |               |                        |  |
| Specify:   |               | 11. +         | <b>\$0.00</b>          |  |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.                                     |               | 12.           | <b>\$6,503.34</b>      | <b>Combined monthly income</b>           |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |               |               |                        |  |
| <input checked="" type="checkbox"/> No.  | <b>None.</b>  |               |                        |  |
| <input type="checkbox"/> Yes. Explain:   |               |               |                        |  |

**Fill in this information to identify your case:**

|  |               |             |           |
|--|---------------|-------------|-----------|
| Debtor 1   | <b>Daniel</b> | Tiberi      |           |
|  | First Name    | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | First Name    | Middle Name | Last Name |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |               |             |           |
| Case number<br>(if known)  |               |             |           |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- No. Go to line 2.  
 Yes. **Does Debtor 2 live in a separate household?**  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you?  |
|--|-----------------|--|
| Son  | 16              | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
| 10   | S               | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
| S  | 6               | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
|  |                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |
|  |                 | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.** 4. **\$2,400.00**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes 4a. \_\_\_\_\_  
 4b. Property, homeowner's, or renter's insurance 4b. \_\_\_\_\_  
 4c. Home maintenance, repair, and upkeep expenses 4c. \_\_\_\_\_  
 4d. Homeowner's association or condominium dues 4d. \_\_\_\_\_

|                      |  |               |                        |
|----------------------|--|---------------|------------------------|
| Debtor 1             | <b>Daniel</b>  | <b>Tiberi</b> | Case number (if known) |
|                      | First Name   | Middle Name   | Last Name              |
| <b>Your expenses</b> |  |               |                        |
| 5.                   | Additional mortgage payments for your residence, such as home equity loans   |               |                        |
| 6.                   | <b>Utilities:</b>  |               |                        |
| 6a.                  | Electricity, heat, natural gas   | 6a.           | \$375.00               |
| 6b.                  | Water, sewer, garbage collection   | 6b.           | \$125.00               |
| 6c.                  | Telephone, cell phone, Internet, satellite, and cable services   | 6c.           | \$275.00               |
| 6d.                  | Other. Specify: _____  | 6d.           | _____                  |
| 7.                   | <b>Food and housekeeping supplies</b>  |               |                        |
| 8.                   | <b>Childcare and children's education costs</b>  |               |                        |
| 9.                   | <b>Clothing, laundry, and dry cleaning</b>   |               |                        |
| 10.                  | <b>Personal care products and services</b>   |               |                        |
| 11.                  | <b>Medical and dental expenses</b>   |               |                        |
| 12.                  | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.   |               |                        |
| 13.                  | <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  |               |                        |
| 14.                  | <b>Charitable contributions and religious donations</b>  |               |                        |
| 15.                  | <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |               |                        |
| 15a.                 | Life insurance   | 15a.          | _____                  |
| 15b.                 | Health insurance   | 15b.          | _____                  |
| 15c.                 | Vehicle insurance  | 15c.          | \$200.00               |
| 15d.                 | Other insurance. Specify: _____  | 15d.          | _____                  |
| 16.                  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  |               |                        |
| 16.                  | 16.  | 16.           | _____                  |
| 17.                  | <b>Installment or lease payments:</b>  |               |                        |
| 17a.                 | Car payments for Vehicle 1   | 17a.          | _____                  |
| 17b.                 | Car payments for Vehicle 2   | 17b.          | _____                  |
| 17c.                 | Other. Specify: _____  | 17c.          | _____                  |
| 17d.                 | Other. Specify: _____  | 17d.          | _____                  |
| 18.                  | <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> |               |                        |
| 18.                  | 18.  | 18.           | _____                  |
| 19.                  | <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   |               |                        |
| 19.                  | 19.  | 19.           | _____                  |

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

- 20a. Mortgages on other property 20a. \_\_\_\_\_  
20b. Real estate taxes 20b. \_\_\_\_\_  
20c. Property, homeowner's, or renter's insurance 20c. \_\_\_\_\_  
20d. Maintenance, repair, and upkeep expenses 20d. \_\_\_\_\_  
20e. Homeowner's association or condominium dues 20e. \_\_\_\_\_

**21. Other.** Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

**22. Calculate your monthly expenses.**

- 22a. Add lines 4 through 21. 22a. \$5,902.00  
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b. \_\_\_\_\_  
22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$5,902.00

**23. Calculate your monthly net income.**

- 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$6,503.34  
23b. Copy your monthly expenses from line 22c above. 23b. - \$5,902.00  
23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income. 23c. \$601.34

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:  
**None.**

**Fill in this information to identify your case:**

|  |            |             |           |
|--|------------|-------------|-----------|
| Debtor 1   | First Name | Middle Name | Last Name |
| Daniel   |            |             | Tiberi    |
| Debtor 2<br>(Spouse, if filing)  | First Name | Middle Name | Last Name |
|  |            |             |           |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |            |             |           |
| Case number<br>(if known)  |            |             |           |

Check if this is an amended filing

**Official Form 106Sum**

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

|   |                    |
|---|--------------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | <b>\$0.00</b>      |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | <b>\$47,205.00</b> |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | <b>\$47,205.00</b> |

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

|   |                    |
|---|--------------------|
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... | <b>\$16,000.00</b> |
|---|--------------------|

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

|   |                   |
|---|-------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | <b>\$3,600.00</b> |
|---|-------------------|

|  |                      |
|--|----------------------|
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | + <b>\$11,742.00</b> |
|--|----------------------|

**Your total liabilities**

**\$31,342.00**

**Part 3: Summarize Your Income and Expenses**

4. Schedule I: Your Income (Official Form 106I)

|   |                   |
|---|-------------------|
| Copy your combined monthly income from line 12 of Schedule I..... | <b>\$6,503.34</b> |
|---|-------------------|

5. Schedule J: Your Expenses (Official Form 106J)

|   |                   |
|---|-------------------|
| Copy your monthly expenses from line 22c of Schedule J..... | <b>\$5,902.00</b> |
|---|-------------------|

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

**\$7,573.00**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

|  |                 |
|--|-----------------|
| 9a. Domestic support obligations. (Copy line 6a.)  | <b>\$0.00</b>   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | <b>\$0.00</b>   |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | <b>\$0.00</b>   |
| 9d. Student loans. (Copy line 6f.)   | <b>\$0.00</b>   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <b>\$0.00</b>   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | <b>+ \$0.00</b> |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | <b>\$0.00</b>   |

Fill in this information to identify your case:

|  |                             |                              |           |
|--|-----------------------------|------------------------------|-----------|
| Debtor 1   | <u>Daniel</u><br>First Name | <u>Tiberi</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | First Name                  | Middle Name                  | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                             |                              |           |
| Case number<br>(if known)  |                             |                              |           |

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Daniel Tiberi

Daniel Tiberi, Debtor 1

Date 10/11/2016

MM / DD / YYYY

X \_\_\_\_\_

Signature of Debtor 2

Date

MM / DD / YYYY

**Fill in this information to identify your case:**

|  |                             |                              |           |
|--|-----------------------------|------------------------------|-----------|
| Debtor 1   | <u>Daniel</u><br>First Name | <u>Tiberi</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | First Name                  | Middle Name                  | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                             |                              |           |
| Case number<br>(if known)  |                             |                              |           |

Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

**04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

|   | Debtor 1   | Debtor 2   |   |  |
|---|--|--|---|--|
|   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and exclusions) |
| <b>From January 1 of the current year until the date you filed for bankruptcy:</b>            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$58,000.00</b>                                 | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |  |
| <b>For the last calendar year:</b><br>(January 1 to December 31, <u>2015</u> )<br>YYYY        | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$120,000.00</b>                                | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |  |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2014</u> )<br>YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$80,856.00</b>                                 | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |  |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1 Daniel \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- No

- Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No

- Yes. List all payments that benefited an insider.

### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No

- Yes. Fill in the details.

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No

Yes. Fill in the details.

**Robert J. Adams**  
Person Who Was Paid

**901 W. Jackson, Suite 202**  
Number Street

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
|   | <u>10/11/2016</u>                 | <u>\$400.00</u>   |

**Chicago** IL 60603  
City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

#### Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

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20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

#### Part 9: Identify Property You Hold or Control for Someone Else

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23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

### Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Debtor 1 Daniel Tiberi Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Daniel Tiberi

Daniel Tiberi, Debtor 1

Date 10/11/2016

**X** \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

**Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?**

- No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

- No  
 Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### Chapter 7: Liquidation

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|       |                        |
|-------|------------------------|
| \$245 | filing fee             |
| \$75  | administrative fee     |
| +     | \$15 trustee surcharge |
|       | \$335 total fee        |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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|         |                    |
|---------|--------------------|
| \$1,167 | filing fee         |
| + \$550 | administrative fee |
|         | \$1,717 total fee  |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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### Chapter 12: Repayment plan for family farmers or fishermen

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|        |                    |
|--------|--------------------|
| \$200  | filing fee         |
| + \$75 | administrative fee |
|        | \$275 total fee    |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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### Chapter 13: Repayment plan for individuals with regular income

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|        |                    |
|--------|--------------------|
| \$235  | filing fee         |
| + \$75 | administrative fee |
|        | \$310 total fee    |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
WESTERN DIVISION (ROCKFORD)

In re **Daniel Tiberi**

Case No. \_\_\_\_\_

Chapter **13** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |                   |
|--|-------------------|
| For legal services, I have agreed to accept.....           | <b>\$4,000.00</b> |
| Prior to the filing of this statement I have received..... | <b>\$400.00</b>   |
| Balance Due.....   | <b>\$3,600.00</b> |

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/11/2016

Date

**/s/ Robert J. Adams & Associates**

Robert J. Adams & Associates  
Robert J. Adams & Associates  
901 W. Jackson, Suite 202  
Chicago, IL 60603

Bar No. 0013056

Phone: (312) 346-0100 / Fax: (312) 346-6228

/s/ Daniel Tiberi

*Daniel Tiberi*